## SERIAL NO. FILING DATE APPLICANT(S) (9.22.54 MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. $\langle \langle 1 \rangle$ 51 ι 2 52 1 3 İ 53 . 4 54 į **5** 55 ; 6 \_5 56 ; 7 57 . 8 58 it 9 59 10 60 11 61 62 12 63 13 64 14 65 15 66 16 67 17 18 68 19 69 20 70 71 21 72 22 23 73 24 74

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